



# REGISTRATION FORM 2016 SEASON

Parent #1: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

	Child 1	Child 2	Child 3
<b>Name:</b>			
<b>Date of Birth &amp; Age:</b>			
<b>Sex: M/F</b>			
<b>School &amp; Grade:</b>			
<b>What level you want your child to play:</b>			
<b># of years played:</b>			
<b>Uniform Size:</b> Adult or Youth XS/S/M/L/XL			

*Levels of play (age recommendations)*

*T-ball (4/5/6) Farm/coach pitch (6/7/8) Minors (8/9/10) Majors (10/11/12) Juniors (13/14) Seniors (15/16)  
Big League (17/18) Softball (ages 8 and up)*

Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## WAIVER:

I / We, the parent (s) of the above applicant(s), hereby give my / our approval to their participation in any and all activities during the current season. I / We assume all risks and hazards incidental to such participation, including, but not limited to, transportation for athletic activities, equipment used, assignment of my/our child(ren) to a team, coaching of my/our child(ren), field conditions and playing position. I / We do hereby waive, release, absolve, indemnify and agree to hold harmless the C.P.F.B.A and all their affiliated leagues and programs, the organizers, sponsors, supervisors, participants, managers, coaches, umpires and persons transporting my/our child(ren), except to the extent and in the amount covered by accidental or liability insurance, if applicable. C.P.F.B.A. is only responsible for secondary insurance. I/We consent to the use of our child's image for use in publications promoting the C.P.F.B.A.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Do you wish to volunteer/coach (for what?): \_\_\_\_\_

Comments/requests: \_\_\_\_\_

To be completed by CPFBA personnel:

Fee: \_\_\_\_\_ Paid by: \_\_\_\_\_  
Total owed check #/cash